

COMA/ALTERED MENTAL STATUS:

1. Altered Mental Status is defined as GCS<15.
2. Treatment:
 - a. Protect Airway: recovery position (if no trauma suspected), suction as needed, oral or nasal airway; intubate if no gag and no immediate response to medical therapy as below.
 - b. Protect Cervical Spine: If trauma suspected, cervical collar and manual immobilization.
 - c. Assist Respirations: If patient appears to be hypoventilating. (Use Sellick maneuver).
 - d. **100% O₂** by mask, BVM or BV-ETT. Nasal airway or nasal cannula at 10L/min may be better tolerated in more awake patients.
 - e. Cardiac **monitor**, pulse oximeter if available.
 - f. **Check blood glucose, if low start IV LR or NS** and administer **D₅₀**, 50cc IV bolus (pediatric dose D₂₅ 2cc/kg IV). If IV unattainable give **Glucagon**, adult 1mg IM, pediatric <12 years 0.5mg IM in thigh, not appropriate for children under 3 months.
 - g. If no response or narcotic overdose suspected, **Naloxone**: Intranasal: inspect nostrils for mucus, blood or other problems which might inhibit absorption. Draw 2mg of 1mg/ml solution for delivery by atomizer device. Give ½ of volume in each nostril. Assist ventilation as needed. If no response in 5 minutes, start IV, administer 2mg of 1mg/ml Naloxone IV, IM, SubQ, or ET, continue assisted ventilation, intubate as needed. (may be given before **D₅₀** if overdose). (Pediatric dose: 0.1mg/kg Intranasal, IM, IV, IO, or ET).
 - h. **Contact Medical Control**. Patients with altered mental status may **not** be competent to refuse care. When in doubt, contact Medical Control.
3. Medical Control Options:
 - a. Intubate patients with absent or poor gag reflex. Intubation may be delayed pending response to therapy. Intubation may be delayed if head injury suspected.
 - b. Refusal of treatment/transport:
 - i. Patients who respond to **Naloxone**, have head injury, or GCS<15 may not be competent to refuse care. Medical Control may ask for further assessment and authorize scene release or transport as appropriate.
 - ii. Patients with certain conditions may be permitted by Medical Control to refuse care if they have fully recovered at scene: diabetics with insulin reactions responding to **D₅₀**, seizure patients with known breakthrough seizures despite compliance with therapy. (See Protocol #4).
 - iii. Patients with altered mental status may be considered a danger to themselves by reason of inability to make reasonable and prudent decisions regarding their medical care. Law enforcement officials may be enlisted to help with restraint and transport.